

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/02/2016
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CHARLESTON REHAB & HEALTH CARE CENT

716 EIGHTEENTH STREET
CHARLESTON, IL 61920

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>IRI 2/13/16/IL83630</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)6 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/18/16

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S9999	<p>Continued From page 1</p> <p>seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to to ensure a planned fall intervention (motion sensor alarm) was in place and functioning for one of five residents (R1) reviewed for falls in the sample of five. This failure contributed to R1 falling and sustaining a fractured wrist.</p> <p>Findings include:</p> <p>The Minimum Data Set dated 1/6/16 documents that R1 requires extensive assistance with bed mobility and is cognitively impaired. The Fall Risk Assessment dated 12/30/15 documents that R1 is at a high risk of falling. Z1's (Orthopedic Physician) Consult Note dated 12/26/15 documents "(R1) found down (at previous nursing home) after a fall.....head CT (computed tomography) scan revealed a left thalamic (brain) area hemorrhage.....distal femur fracture of the right lower extremity."</p> <p>The Admission Nurses Note dated 12/30/15 documents that R1 was admitted to the facility on</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>that date with history of a fall and a right femur fracture. R1's Care Plan dated 12/30/15 documents that R1 is at high risk for falling "related to confusion, gait and balance issues, weakness issues, history of falls resulting in Fx (fracture) and a TBI (traumatic brain injury)." R1's Care Plan dated 12/30/15 documents an intervention of "personal alarm while in bed. Check position with cares and function each shift."</p> <p>E8's Licensed Practical Nurse (LPN) Nurses Notes dated 1/1/16 at 4:15 AM document "this writer noted (R1) on floor with blood on arm. (R1) was laying on right side with head towards foot of bed. (R1) stated "I slid out of bed while I was trying to get up" Noted was two skin tears to right elbow and one to right inner wrist. MD (medical doctor) notified.....send to ER (emergency room)."</p> <p>On 2/29/16 at 2:40 PM E8 stated that (on 1/1/16) R1 was attempting to get out of bed when R1 fell. E8 stated that at that time R1 was to be non weight bearing on her right leg. E8 stated that when she found R1 on the floor no alarm was sounding and an alarm was not present on R1's bed. E8 stated a pressure pad alarm was placed on R1's bed after R1 fell (on 1/1/16).</p> <p>On 3/1/16 at 8:50 AM E7 Care Plan Coordinator stated that a personal alarm on R1's bed should have been initiated as a fall intervention on 12/30/15.</p> <p>On 3/1/16 at 9:00 AM E2 Director of Nurses reviewed R1's Care Plan dated 12/30/15 and stated that R1 should have had an alarm on her bed when she fell on 1/1/16.</p> <p>E9's Situation, Background, Assessment,</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>Request Communication Form dated 2/13/16 documents "(R1) noted laying on left side with left arm pinned under body, hematoma over left eye.....ST (skin tear) to left elbow....." The Final Report dated 2/20/16 documents that after R1 fell on 2/13/16 R1 was transported to the hospital for evaluation and treatment and returned to the facility with diagnoses of fracture of left wrist, traumatic hematoma of face and a blunt head injury.</p> <p>Z2's (Emergency Department Physician) Note dated 2/13/16 documents "(R1) fell striking the left side of her face and putting her left arm out to catch her fall." The Radiology Report dated 2/13/16 documents "Indications: fall on outstretched hand.....Impression acute on chronic appearing distal radius fracture."</p> <p>On 3/1/16 at 5:10 AM E10 Certified Nurses Aide (CNA) stated that on 2/13/16 at approximately 5:00 AM E10 heard R1 calling for help and found R1 laying on the floor in R1's room with R1's left arm under R1's body. E10 stated that R1 told her she was trying to get out of bed. E10 stated when she arrived in R1's room R1's bed alarm was on her bed but the alarm was not sounding. E10 stated she does not know why R1's alarm did not sound when R1 began trying to get out of bed.</p> <p>On 3/1/16 at 11:05 AM E2 stated that an alarm device was put in place for R1 to alert staff if R1 is trying to get up. E2 stated CNA staff should check alarms at the beginning of each shift to ensure they are functioning. At that time E2 could not provide documentation that R1's bed alarm had been checked on 2/13/16 prior to her fall. On 3/1/16 at 1:15 pm E2 stated that R1 fractured her left wrist when R1 fell on 2/13/16.</p>	S9999		

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S9999	Continued From page 4 On 3/1/16 at 12:50 PM E1 Administrator stated the facility does not have a policy directing staff on the use or monitoring of pressure alarms. (B)	S9999			